

FORM D

FEDERAL



SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0078 Expires: January 31, 1988

| SEC USE ONLY |           |        |  |  |  |  |  |
|--------------|-----------|--------|--|--|--|--|--|
| Prefix       |           | Serial |  |  |  |  |  |
| DA           | TE RECEIV | 'ED    |  |  |  |  |  |

| Name of Offering ( check  | if this is an amendment and name has changed, a                             | nd indicate change.)  |
|---|---|---|
| Ste   | bel Unit #1 Joint Venture   |   |
|   | hat apply): 🗀 Rule 504 🗀 Rule 505 🗀 Rule                                    | e 506 🗆 Section 4(6) 🗆 ULOE PROCESSE  |
| Type of Filing: XXNew Fili                                      | ng  |   |
|   | A BASIC IDENTIFICATION E  | APR 03 2003   |
| 1. Enter the information requi                                  | ested about the issuer  | 7111100 2000  |
|   | this is an amendment and name has changed, and it Petroleum, Inc.           | indicate change.) THOMSON FINANCIAL   |
| Address of Executive Offices                                    | (Number and Street, City, State, Zip C                                      | Code) Telephone Number (Including Area Code)                                |
| 8815 Herrick Roa  | ad, Twinsburg, Ohio 44087   | (330) 487-5494  |
| Address of Principal Business<br>(if different from Executive O | Operations (Number and Street, City, State, Zip Ciffices)                   | ode) Telephone Number (Including Area Code)                                 |
| Brief Description of Business                                   |   |   |
| Deve  | lopment of Oil and Gas Pro  | perties   |
| Type of Business Organization  corporation  business trust      | i  imited partnership, aiready formed  iiiiited partnership, to be formed   | Co-ownership of oil and gas other (please specify): lease working interests |
|   | Incorporation or Organization:  O 3  O 3  O CN for Canada; FN for other for | 3 □ Actual □ Estimated ice abbreviation for State:                          |

### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required; Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Pari E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (10-86)

| A. R | ASIC | IDEN | TIFICA | MOIT | DATA |
|------|------|------|--------|------|------|
|      |      |      |        |      |      |

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

|  | XX Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer                             | ☐ Director   | <ul> <li>General and/or<br/>Managing Partner</li> </ul> |
|--|---|--|---|--|---|
| Full Name (Last name first,  | if individual)  | Summit Petro   | oleum, Inc.                                     |  | •   |
| Business of Residence Addre<br>8815 Herr   |   | and Street, City, State, 1<br>d, Twinsburg   |   | 1  |   |
| Check Box(es) that Apply:  | ☐ Promoter  | Beneficial Owner   | Executive Officer                               | ☐ Director   | General and/or     Managing Partner                     |
| Full Name (Last name first,  |   |  |   | •  | ;w  |
| Business or Residence Addr   | ess (Number   | and Street, City, State,   | Zip Code)                                       |  |   |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner   | ☐ Executive Officer                             | Director   | ☐ General and/or<br>Managing Partner                    |
| Full Name (Last name first,  | if individual)  |  |   |  |   |
| Business or Residence Addr   | ess (Number   | and Street, City, State,   | Zip Code)                                       |  |   |
| Check Box(es) that Apply;  | ☐ Promoter  | D Benoficial Owner   | ☐ Executive Officer                             | Director   | General and/or Managing Partner                         |
| Full Name (Last name first,  | if Individual)  |  |   |  |   |
|  |   |  |   |  |   |
| Business or Residence Addr   | ess (Number   | and Street, City, State,   | Zip Code)                                       | and the second s |   |
| Rusiness or Residence Addr<br>Check Box(es) that Apply:  |   | ☐ Beneficial Owner   | Zip Code)                                       | □ Director   | ☐ General and/or<br>Managing Partner                    |
|  | □ Promoter  | A STATE OF THE STA | 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1        | Director   |   |
| Check Box(es) that Apply:  | □ Promoter , If individual)   | □ Beneficial Owner   | □ Executive Officer                             | Director   |   |
| Check Box(es) that Apply: Full Name (Last name first,  | ☐ Promoter  If individual)  ess (Number                             | ☐ Beneficial Owner and Street, City, State,  | ☐ Executive Officer  Zip Code)                  | □ Director   |   |
| Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr   | ☐ Promoter  If individual)  ess (Number  ☐ Promoter                 | ☐ Beneficial Owner  and Street, City, State, ☐ Beneficial Owner  | ☐ Executive Officer  Zip Code)                  |  | Managing Partner  |
| Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr Chack Box(es) that Apply:                             | ☐ Promoter  If individual)  ess (Number  ☐ Promoter  if individual) | ☐ Beneficial Owner  and Street, City, State, ☐ Beneficial Owner  | Executive Officer  Zip Code)  Executive Officer |  | Managing Partner  General and/or Managing Partner       |
| Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr Chack Box(es) that Apply: Full Name (Last name first, | ☐ Promoter  If individual)  ess (Number  ☐ Promoter  if individual) | ☐ Beneficial Owner and Street, City, State, ☐ Beneficial Owner   | Executive Officer  Zip Code)  Executive Officer |  | Managing Partner  General and/or Managing Partner       |

|                         |                               | $F_{A_1A_2} \times F$                   |  | B. 1                                     | NFORMA                              | TION AB                                    | OUT OFF                                    | ERING                                    | ingst i bedegtiff  | advillatija:             | .ordor                                 |            | [2] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
|-------------------------|-------------------------------|---|--|--|-------------------------------------|--|--|--|--|--------------------------|--|------------|---|
| I. Has                  | the issuer                    | sold, or de                             | oes the iss                              | uer intend                               | to sell, to                         | non-accre                                  | dited inve                                 | stors in th                              | is offering?   |                          |  | Yes<br>. 🗆 | No<br>⊠                                     |
|                         |                               |   | An                                       | swer also                                | in Append                           | lix, Colum                                 | n 2, if fili                               | ng under l                               | ULQE.  |                          |  |            |   |
| 2. Wha                  | it is the mi                  | nimum in                                | vesiment ti                              | nat will be                              | accepted                            | from any                                   | individuel?                                |  |  |                          | • • • • • • • • •                      | . \$20     | <u>.25</u> 7.                               |
|                         |                               |   |  |  | ·                                   | •  |  |  |  |                          |  | Yes        | No  |
| 3. Does                 | s the offeri                  | ng permit                               | joint own                                | ership of a                              | a single un                         | it?  |  | ,,,,,,,,,                                |  |                          | · · · · · · · · ·                      | . XX       |   |
| sion<br>to be<br>list t | or similar i<br>e listed is a | emunerati<br>n associate<br>f the broke | on for soliced person of<br>tr or deale  | citation of<br>or agent of<br>r. If more | purchasers<br>a broker<br>than five | s in connect<br>or dealer r<br>(5) persons | tion with so<br>egistered w<br>to be liste | ales of sectivith the SE<br>and are asso | irectly or in<br>urities in the<br>EC and/or sociated pers | offering.<br>with a stat | If a perso<br>e or states              | ព<br>s,    |   |
| ull Name                | e (Last nat                   | ne first, if                            | Individua                                | 1)                                       | ,                                   |  |  |  |  |                          |  |            |   |
|                         |                               |   |  | No                                       | Broke                               | r Dea                                      | lers v                                     | were                                     | employ   | ed.                      |  |            |   |
| usiness o               | or Residence                  | e Address                               | (Number                                  |  |                                     |  |  |  |  | <del></del>              |  |            |   |
|                         | -,                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (1, 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | 4,                                  | u,   | ,  |  |  |                          |  |            |   |
|                         | Associated                    | Danks -                                 | - October                                | <del></del>                              |                                     |  |  |  |  |                          |  |            |   |
| ame or                  | Associated                    | proker of                               | . Desiet.                                |  |                                     |  |  |  |  |                          |  |            |   |
|                         |                               |   |  |  |                                     |  |  |  |  |                          |  |            |   |
|                         | Which Per                     |   |  |  |                                     |  |  |  |  |                          |  |            |   |
| (Check                  | "All State                    | s" or chec                              | k individu:                              | ial States)                              | · · · · · · · · · · ·               |  | • • • • • • • •                            |  | •                    | • • • • • • • •          |  | □ Ali S    | tates                                       |
| [AL]                    | [AK]                          | [AZ]                                    | [AR]                                     | [CA]                                     | [CO]                                | (CT)                                       | [DE]                                       | [DC]                                     | CLELL  | [GA]                     | [H1]                                   | [ID]       |   |
| [ [L ]                  | [IN]                          | [ JA ]                                  | [KS]                                     | [KY]                                     | [LA]                                | [ME]                                       | [MD]                                       | [MA]                                     | IMIL   | [MN]                     | (MS)                                   | [MO]       |   |
| [MT]<br>[RI]            | (NE)                          | [NV]<br>[SD]                            | [NH]<br>[TN]                             | [NJ]<br>[TX]                             | [MM]<br>[TT]                        | [NY]<br>[VY]                               | [NC]<br>[VA]                               | [DN]<br>[WA]                             | (IMA)  | [OK]<br>[WL]             | (OR)                                   | [PA]       |   |
| usiness o               | or Resident                   | e Address                               | (Number                                  | and Street                               | i, City, St                         | ate, Zip Co                                | ode)                                       |  |  |                          | <b></b>                                |            | <del></del>                                 |
| ame of .                | Associated                    | Broker or                               | Dealer                                   |  | 1                                   | ,  |  |  |  | ·                        |  |            | ···   |
| ates in                 | Which Per                     | son Listed                              | Has Solic                                | ited or Int                              | ends to So                          | bich Purel                                 | 185612                                     |  |  |                          |  |            | ·   |
| (Check                  | "All State                    | s" or chec                              | k individu                               | al States)                               | ,                                   |  |  |  | . <b></b>  |                          |  | D All S    | tates                                       |
| [AL]                    | [AK]                          | [AZ]                                    | [AR]                                     | [CA]                                     | (CO)                                | [CI]                                       | [DE]                                       | [DC]                                     | [FL]   | [GA]                     | (Ht)                                   | [ ID ]     |   |
| [[[]]                   | [IN]                          | [ [A ]                                  | { KS }                                   | [KY]                                     | [LA]                                | (ME)                                       | [MD]                                       | [MA]                                     | [MI]   | [MN]                     | [MS]                                   | [MO]       |   |
| [MT]<br>[RL]            | [NE]                          | [NV]<br>[SD]                            | [NH]<br>[TN]                             | [N]]<br>[TX]                             | [MM]<br>[UT]                        | [NY]<br>[VY]                               | [NC]<br>[VA]                               | [ND]                                     | (OH)<br>(WV)   | (OK)                     | [OR]                                   | [PA]       |   |
| - •                     | c (Last nan                   |   |  |  | (01)                                | ( 4 1 ]                                    | [7/3]                                      | [WA]                                     | [44]   | [W1]                     | [WY]                                   | [PR]       |   |
| ni izani                | c (Last Han                   | ne 11121, 11                            | maryoua                                  | 1)                                       |                                     |  |  |  |  |                          |  |            |   |
| <del></del>             | ~ <u>_</u>                    |   | <u></u>                                  |  |                                     |  |  |  |  |                          |  |            | <del></del>                                 |
| isiness o               | or Residenc                   | e Address                               | (Number                                  | and Street                               | , City, Su                          | ite, Zip Co                                | ode)                                       |  |  |                          | ,                                      |            |   |
| -                       |                               |   |  |  |                                     |  |  |  |  |                          |  |            |   |
| ame of                  | Associated                    | Broker or                               | Dealer                                   |  |                                     |  |  |  |  |                          |  |            |   |
| ates in \               | Which Pers                    | on Listed                               | Has Solici                               | ted or Inte                              | ends to So                          | licit Parch                                | BEETS                                      |  |  |                          | ······································ |            |   |
|                         | "All State:                   |   |  |  |                                     |  |  |  |  |                          |  | [] All 6   | tatec                                       |
| [AL]                    | [AK]                          | [AZ]                                    | [AR]                                     | (CA)                                     | [CO]                                | [CT]                                       | [DE]                                       | [DC]                                     | [FL]   | [GA]                     | [HI]                                   |            |   |
| inj                     | [ IN]                         | [ IA ]                                  | [KS]                                     | [KY]                                     | [LA]                                | [ME]                                       | (MD)                                       | (MA)                                     | [MI]   | [MN]                     | [MS]                                   | [MO]       |   |
| [MT]                    | [NE]                          | [NV]                                    | [NH]                                     | [ NJ ]                                   | [NM]                                | [NY]                                       | [NC]                                       | (ND)                                     | [OH]   | [OK]                     | (OR)                                   | [PA]       |   |
| [RI]                    | (SC)                          | [SD]                                    | [TN]                                     | [TX]                                     | [UT]                                | (VT)                                       | (VA)                                       | [WA]                                     | {WV]   | [W]                      | (WY)                                   | [PR]       |   |

| _  | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE  | OF PROCEEDS              |                            |
|----|---|--------------------------|----------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                          |                            |
|    | Type of Security  | Aggregate Offering Price | Amount Already<br>Sold     |
|    | Debt  | \$                       | \$                         |
|    | Equity  | s                        | S                          |
|    | C Common D Preferred  |                          |                            |
|    | Convertible Securities (including warrants)   | S                        | \$                         |
|    | Partnership Interests   | 5                        | <b>s</b>                   |
|    | Other (Specify Oil & Cas Lease Working Interests  |                          |                            |
|    | Total   |                          |                            |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                          |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | Number                   | Aggregate Dollar Amount    |
|    |   | Investors<br>6           | of Purchases<br>202,570.00 |
|    | Accredited Investors  |                          | ·                          |
|    | Non-accredited Investors  |                          | _                          |
|    | Total (for filings under Rule 504 only)   |                          | 2                          |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                          |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  | Towns of                 | Mallac Amand               |
|    | Type of offering  | Type of<br>Security      | Dollar Amount<br>Sold      |
|    | Rule 505  |                          | S                          |
|    | Regulation A  | ···                      | S                          |
|    | Rule 504  | ·                        | S                          |
|    | Total   |                          | S                          |
| 4, | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                          |                            |
|    | Transfer Agent's Fees ,   | 🗅                        | \$                         |
|    | Printing and Engraving Costs  |                          | \$                         |
|    | Legal Fees  | ,                        | \$                         |
|    | Accounting Fees   |                          | 5                          |
|    | Engineering Fees  |                          | \$                         |
|    | Sales Commissions (specify finders' fees separately)  |                          | \$                         |
|    | Other Expenses (identify)   |                          | \$                         |
|    |   |                          |                            |

|      | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND   | USI         | OF PROCEED                | S 8 8 9 11 11 11 11 11 14 14 14 |
|------|--|-------------|---------------------------|---------------------------------|
|      | b. Enter the difference between the aggregate offering price given in response to Part C - 6 tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference madjusted gross proceeds to the issuer.   | s th        | e                         | <u>\$202,570.0</u> 0            |
| ,    | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnitestimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b at | sha<br>equa | n<br>al                   | Payments To<br>Others           |
|      | Salaries and fees  |             | s                         | D \$                            |
|      | Purchase of real estate  |             | \$                        | □ \$                            |
|      | Purchase, rental or leasing and installation of machinery and equipment  |             | S                         | □ S                             |
|      | Construction or leasing of plant buildings and facilities  |             | 5                         | □ \$                            |
|      | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   |             | \$                        | © \$                            |
|      | Repayment of indebtedness  |             | \$                        | □ \$                            |
|      | Working capital  |             |                           |                                 |
|      | Other (specify): Estimated Drilling and Completion Costs   | Ø           | \$.202,570 <sub>-</sub> 0 | 05 s                            |
|      |  |             |                           |                                 |
|      | Column Totals  |             |                           |                                 |
|      | Total Payments Listed (column totals added) ,  |             | <b>□</b> \$.20.           | 2 <b>,</b> 570 <b>.</b> 00      |
|      | D. FEDERAL SIGNATURE   | 1 - (-      |                           |                                 |
| foli | issuer has duly caused this notice to be signed by the undersigned duly authorized person owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities are st of its staff, the information furnished by the issuer to any non-accredited investor purs  | d E         | xchange Commiss           | sion, upon written re-          |
| lssu | ter (Print or Type) Signature  |             | Date                      |                                 |
| Su   | mmit Petroleum, Inc.   | S           | Mai                       | rch 25, 2003                    |
|      | me of Signer (Print or Type)  Title of Signer (Print or Type)  | (           | \                         |                                 |
| Wi   | lliam G. Kinney President:   |             |                           |                                 |
|      |  |             |                           |                                 |

---ATTENTION-----

Intentional misstatements or omissions of fact constitute federal criminal violetions. (See 18 U.S.C. 1001.)

|  | £., |  |  |  |  |  |  |  |
|--|-----|--|--|--|--|--|--|--|
|  |     |  |  |  |  |  |  |  |
|  |     |  |  |  |  |  |  |  |
|  |     |  |  |  |  |  |  |  |
|  |     |  |  |  |  |  |  |  |

1. Is any party described in 17 CFR 230.252(e), (d), (e) or (f) presently subject to any of the disqualification provisions Yes No of such rule?

# See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature            | Date           |
|------------------------|----------------------|----------------|
| Summit Petroleum, Inc. | led D'               | March 25, 2003 |
| Name (Print or Type)   | Tide (Print or Type) |                |
| William G. Kinney      | President            |                |
| •                      |                      |                |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|          |                    | . (***)  | and the first of the second   | API                                  | PENDIX   | wildin bland time                        | man in the si | •   |     |  |
|----------|--------------------|--|---|--------------------------------------|--|--|---------------|---|-----|--|
| 1        | Intend<br>to non-a | to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |               | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1) |     |  |
| State    | Yes                | No   |   | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount        | Yes_  | No_ |  |
| AL       |                    |  |   |                                      |  |  |               |   |     |  |
| AK       |                    |  |   |                                      |  |  |               |   |     |  |
| AZ       |                    |  |   |                                      |  |  |               |   |     |  |
| AR       |                    |  |   |                                      |  |  |               |   |     |  |
| CA       |                    |  |   |                                      |  |  |               |   |     |  |
| co       |                    |  |   |                                      |  |  |               |   |     |  |
| ст       |                    |  | •   |                                      |  |  |               |   |     |  |
| DE       |                    |  |   |                                      |  |  |               |   |     |  |
| DC       |                    |  |   |                                      |  |  |               |   |     |  |
| FL       |                    | Х  | 202,570.00  | _1_                                  | 30,385.50  | –0–਼ੇ                                    | -0-           |   | Х   |  |
| GA       |                    |  |   |                                      |  |  |               |   |     |  |
| HI       |                    |  |   |                                      |  |  |               |   |     |  |
| ID       |                    |  |   |                                      |  |  |               | -   |     |  |
| II.      |                    | ļ  |   |                                      |  |  |               |   |     |  |
| IN       |                    |  |   |                                      |  |  |               | -   |     |  |
| IA       |                    |  |   |                                      |  |  |               |   | _   |  |
| KS       |                    |  |   |                                      |  |  |               |   |     |  |
| KY       | <del> </del>       |  |   |                                      |  |  |               |   |     |  |
| LA       |                    |  |   |                                      | -  |  |               |   |     |  |
| ME       | <del> </del>       |  |   |                                      |  |  |               |   |     |  |
| MD       |                    |  |   | <del> </del>                         | <del> </del>   |  |               | <del></del>   |     |  |
| MA<br>Ml |                    |  |   |                                      |  |  |               |   |     |  |
| MN       | <del> </del>       |  |   |                                      |  |  |               | -   |     |  |
| MS       |                    |  |   |                                      |  |  |               |   |     |  |
| мо       |                    |  |   |                                      |  |  |               |   |     |  |

|       |                       |    | · · · · · · · · · · · · · · · · · · ·   | API                     | ENDIX  |                          |                                       | <del></del>   |        |
|-------|-----------------------|----|---|-------------------------|--|--------------------------|---------------------------------------|---|--------|
| 1     |                       | 2  | 3   |                         |  | 4                        | · · · · · · · · · · · · · · · · · · · |   | \$     |
|       | to non-a<br>investors |    | Type of security and aggregate offering price offered in state (Part C-Item1) |                         | Type of investor and amount purchased in State (Part C-Item 2) |                          |                                       | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item!) |        |
|       | \ <u></u>             |    | Oil & Gas   | Number of               |  | Number of                |                                       |   | ,,,,,, |
| State | Yes                   | No | Lease Workin  | Accredited<br>Investors | Amount   | Non-Accredited Investors | Amount                                | Yes   | No     |
| MT    |                       |    | Interest  |                         |  |                          |                                       |   |        |
| NE    |                       |    |   |                         |  |                          |                                       |   |        |
| NV    |                       |    |   |                         |  |                          |                                       |   |        |
| NH    |                       |    |   |                         |  |                          |                                       |   |        |
| NJ    |                       |    |   |                         |  |                          |                                       |   |        |
| NM    |                       |    |   |                         |  |                          |                                       |   |        |
| NY    |                       |    | '   |                         |  |                          |                                       |   |        |
| NC    |                       |    |   |                         |  |                          |                                       |   |        |
| ND    |                       |    |   |                         |  |                          |                                       |   |        |
| ОН    |                       | X  | 202,570.00  | -5-                     | 172 <b>,</b> 184.5   | 0 -0-                    | -0 <b>-</b>                           |   | Х      |
| ОК    |                       |    |   |                         |  |                          | <del></del>                           |   |        |
| OR    |                       |    |   |                         |  |                          |                                       |   |        |
| PA    |                       |    |   |                         |  |                          |                                       |   |        |
| RI    |                       |    |   |                         |  |                          |                                       |   |        |
| SC    |                       |    |   |                         |  |                          |                                       |   |        |
| \$D   |                       |    |   |                         |  |                          |                                       |   |        |
| TN    |                       |    |   |                         |  |                          |                                       |   |        |
| TX    |                       |    |   |                         |  |                          |                                       |   |        |
| UT    |                       |    |   |                         |  |                          |                                       |   |        |
| VT    |                       |    |   |                         |  |                          |                                       | -   |        |
| VA    |                       | •  |   |                         |  |                          |                                       |   |        |
| WA    |                       |    |   |                         |  |                          |                                       |   |        |
| WI    |                       |    |   |                         |  |                          |                                       |   |        |
| WY    |                       |    |   |                         |  |                          |                                       |   |        |
| PR    |                       |    | ***************************************                                       | ,                       |  |                          |                                       |   |        |
| FK    | l                     |    |   | <u> </u>                |  |                          |                                       |   | L      |